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FEC

STATEMENT OF **ORGANIZATION**

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NAME OF COMMITTEE (in	n full)	(Chec is cha	k if name anged)	Exampl over the	e:If typing, type e lines.	12F	È4M5	1 1	
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COMMITTEE'S E-MA	AIL ADDRESS								
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	1	Optional Seco	ond E-Mail Ad						٠ -
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COMMITTEE'S WEE	address								
2. DATE	7 2 1	20	15						
3. FEC IDENTIFI	CATION NUM	/BER ▶	Cο	027	4860		·		
4. IS THIS STATE	MENT [NEW (N)	OR	X	AMENDED (A))		<u>.</u> .	
I certify that I have	examined this	Statement a	nd to the bes	t of my kno	wledge and belie	ef it is true	, correct an	d complete.	
Type or Print Name	of Treasurer	Lo	ira Z	lent				·	
Signature of Treasur)26	gen g			Date	7	2,8	2.015
NOTE: Submission of		•			t the person signi LD BE REPORTE	•		e penalties o	f 52 U.S.C. §30109
Office Use Only				F€	r further information deral Election Community Il Free 800-424-9530	nission		FEC FO	_

FEC Form 1 (Revised 02/2009) Type OF COMMITTEE Candidate Committee: (a) This committee is a principal campaign committee. (Complete the candidate information below.) (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Party Affiliation Office Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a Mathorized for subordinate) committee of the Republican, etc.) or subordinate) committee of the Republican, etc.) or subordinate) Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Membership Organization Trade Association Cooperative In addition, this committee is a Lobbyist/Registrant PAC. (f) Addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising Representative:	ı
(a) This committee is a principal campaign committee. (Complete the candidate information below.) (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Party Affiliation Committee Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) if Republican, etc.) if Corporation Corporation Corporation Committee (PAC): (e) Membership Organization In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
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Joint Fundraising Representative:	
	•
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1.	
2.	-
3.	<u></u>
4.	<u></u>

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_	FEC Form 1 (Revised	02/2009)	Page 3
V	rite or Type Committee Nam	ne e	
	Texas Ru	ral Water Association Pac	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
<u>L</u>			
L			
	Mailing Address		
		CITY STATE	ZIP CODE
	Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in	possession of committee
	Full Name	CAZENT	
	Mailing Address	[1616 RIO GRANDE ST.	111111
		AUSTIN 78	77011-11/22
	Title or Position	CITY STATE	ZIP CODE
	Interim Exe	ecutive Director Telephone number 512-	472 8591
8.	Treasurer: List the name at any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
	Full Name of Treasurer	RA ZENT	
	Mailing Address	1616 R10 GRANDE ST	
			<u> </u>
		AUSTIN TX DE	87011-1122 ZIP CODE
	Title or Position		147,24-185,91

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FEC Form 1 (Revise	ed 02/2009)		Page 4
Full Name of			
Designated Agent LLLL			
Mailing Address		1 1 1 1 1 1 1	
	CITY	STATE	ZIP CODE
Title or Position			
	Teleph	one number]-[
			
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which the intains funds.	committee deposits fun	ds, holds accounts, rents
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE
Name of Bank, Depository	, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

Texas Rural Water Association

Austin, Texas 78701-1122

1616 Rio Grande St.





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Federal Election Commission Washington, DC 20463 999 E Street, N.W.

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Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Date of Receipt Postmarked

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Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
Ton.	8-13-15
PREPARER	DATE PREPARED
(3/2015)	